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AUTHOR Blackie, Norman K.
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ABSTRACT

A 139-item questionnaire was constructed to account for additional variance in the attitudes and behaviors of student nurses toward the aged. This study was conducted to examine the effects of death anxiety on the attitudes and behaviors of student nurses toward old persons. To this end, 150 student nurses were surveyed. Eight scales were subjected to the following analysis: tests for independence (chi-square), two-way analysis of variance and multiple regression analysis. The results suggest that death anxiety and attitudes toward the aged are significantly correlated. A coefficient of determination of 8% indicates that death anxiety accounts for only a small amount of the variance in attitudes toward the aged. Attitudes toward geriatric nursing and death anxiety are not correlated. Of nine health care settings, institutions for the aged ranked as a preferred place of work. The aged as a patient group ranked next to last. Of five nursing specialities, geriatric nursing is ranked third as a career choice. Two hypotheses for coping with anxiety--an anxiety-denial hypothesis and an anxiety-reduction hypothesis--are used to interpret the results. (Author)

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NURSING STUDENTS' ATTITUDES TOWARD THE AGED AS A FUNCTION OF DEATH ANXIETY[1]

By

Norman K. Blackie, B. Arch.[2]

U S DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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1. Presented at The Educational Meeting of The Canadian Association on Gerontology, Vancouver, British Columbia, November 11, 1976.

2. Doctoral Student, The College of Architecture and The Institute of Gerontology, University of Michigan, Ann Arbor, Michigan.

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ABSTRACT

NURSING STUDENTS' ATTITUDES TOWARD THE AGED AS A FUNCTION OF DEATH ANXIETY

A 139 item questionnaire was constructed to account for additional variance in the attitudes and behaviors of student nurses toward the aged. This study was conducted to examine the effects of death anxiety on the attitudes and behaviors of student nurses toward old persons. To this end, 150 student nurses in the Baccalaureate Program in Nursing at the University of Michigan were surveyed, specifically their attitudes toward the aged and geriatric nursing, their own fears of death, rewards in nursing, and such items as: patient age, nursing specialities and work settings. Eight scales were subjected to the following analysis: tests for independence (chi-square), two-way analysis of variance and multiple regression analysis. The results suggest that death anxiety and attitudes toward the aged are significantly correlated. A coefficient of determination (R^2) of 8% indicates that death anxiety accounts for only a small amount of the variance in attitudes toward the aged. Students in the Freshmen, Sophmore and Junior years tie their attitudes toward older people to their own fears of death. Attitudes toward geriatric nursing and death anxiety are not correlated. The students' attitudes toward the aged are far from being negative. Of nine health care setting, institutions for the aged is ranked sixth as a preferred place of work. The aged as a patient group are ranked next to last. Of five nursing specialities, geriatric nursing is ranked third as a career choice. Two hypotheses for coping with anxiety - an anxiety-denial hypothesis and an anxiety-reduction hypothesis - are used to interpret the results.

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INTRODUCTION

Much has been written about the typical negative stereotypes of the aged held by nursing students, the preference of student nurses to avoid working with the elderly, and the impact on their attitudes of such factors as: their own age, education and occupational values; and the length of time they spend in direct contact with the aged (Wilensky and Barnmark, 1966; Butler, 1969; Gunter, 1971; Gillis, 1971; MacDonell et al, 1975; and Tuckman-Lorge, 1958). However, there have been few new factors researched to account for additional variance in the attitudes and behaviors of student nurses toward the elderly. In response to this fact, this study was conducted to examine the effects of death anxiety on the attitudes and behaviors of student nurses toward the aged. To this end, 150 student nurses in the Baccalaureate Program in Nursing at the University of Michigan were surveyed, specifically their attitudes toward the aged, their own fears of death and such items of preference as: patient age, nursing specialities and work settings. This paper will present the important findings of that survey and will suggest several interesting interpretations that might be drawn from the survey results.

METHOD

The Sample. The subjects are 150 nursing students in the Baccalaureate Program in Nursing at the University of Michigan. The sample is composed of 37 Freshmen, 45 Sophmores, 19 Juniors and 49 Seniors. The mean age of the respondents is 20.9 years and varies from 19 years to 40 years. Male students account for 2% of the sample. A ratio

proportional to the enrollment in the School of Nursing. About 89% of the respondents are single. Approximately 83% of the students entered the Baccalaureate Program from High School. Of the other students 5% have a 2 year college degree, 5% have some university credits and 6% have a university degree. Almost all of the respondents(88%) have both parents living. Involvement with older people varies from 51% knowing 5 or more older persons well enough to visit with them in their homes, 29% know 3 or more and 19% know 1 or 2. A majority of the students (58%) had not worked or been a volunteer in a Nursing Home or Hospital before entering the Nursing Program. The socio-economic status of the sample is middle class.

The Questionnaire. Avoidance Behavior was measured by three scales specifically designed for the purpose of this study; patient age group preference, nursing speciality preference and work setting preference. All questions were answered on interval or nominal scales (e.g., If you had your choice of working with individuals of any age which of the following age ranges would you prefer: newborn to 5 years, 6 to 17 years, 18 to 29 years, 30 to 45 years, 46 to 65 years, 66 and over; no preference). The question on age group preference was followed by an open-ended question which sought reasons for the respondents particular choice. As expected children were the most prefered age group (48% of 149 students selected this group).

Attitudes toward Older People were measured by 22 statements from the Tuckman-Lorge (1953), Older People's Questionnaire. The statements

were chosen because of their high correlations with the total score in an Item-Analysis and because they tapped the following areas: physical change, insecurity, personality traits, interpersonal relationships, conservatism, use of time and mental decline. The respondents answered on a 6-point interval scale (e.g., where 1= strongly disagree, 2=moderately disagree, 3=slightly disagree, 4=slightly agree, 5=moderately agree; and 6=strongly agree). There is substantial evidence to support the reliability and validity of this scale. (Tuckman-Lorge, 1953)

Death Anxiety was measured by Templer's (1970) Death Anxiety Scale. Nine of 15 items that comprise the Death Anxiety Scale are keyed "True" and 6 are keyed "False". Substantial evidence exists supporting the reliability and validity of the scale (Templer, 1970). A reliability coefficient of .83 out of a possible 1.0 demonstrates acceptable test-retest reliability.

The Marlowe-Crowne Social Desirability Scale (1960) was interwoven between the items of the Templer Scale. The Social Desirability Scale, the content of which is independent of psychopathology, is an instrument that measures the tendency to respond in a socially desirable direction. The product moment correlation coefficient between the two scales - Death Anxiety and Social Desirability - was not signiricant (r=-.13) This suggests that social desirability is not related to death anxiety (table 1).

Attitudes toward Geriatric Nursing were measured by a 24-item Likert-Type questionnaire (Hayes, 1974). This scale contains subscales of: attitudes toward geriatric patients, job satisfaction, activity versus custodial care and autonomy versus compliance. Half of the items were positively and half negatively worded. Kuder-Richardson reliability coefficients on each subscale were found to have reasonable internal consistency (e.g., attitudes toward geriatric patients, r=.65; job satisfaction, r=.83; activity versus custodial care, r=.39; and autonomy versus compliance, r=.52).

Nursing Rewards were measured by an open-ended question (e.g., "All in all, what do you find rewarding in Nursing?") and by Rosenberg's (1957) Occupational Values Scale. The Rosenberg Scale consists of a list of ten occupational values for a respondent to "consider to what extent a job or career would satisfy each of these requirements before (he) could consider it IDEAL". Values were ranked high, medium, or low in importance; with the top value ranked as the most important. In addition, the respondents were asked to apprise each of the statements to determine how much of a particular characteristic was available in Geriatric Nursing. Intercorrelations of the ten responses show three clusters of orientation: a self-expressive cluster, a people-oriented cluster and an extrinsic reward cluster. Estimates of test-retest reliability are not reported. No direct test of validity was performed. However, the value choices are in line with occupational choices. The results from the Occupational Values Scale indicate so little variance across items, that the scale was dropped from analysis.

The Procedure. This study was conducted at the end of the spring term, in April 1976. The questionnaire was simply handed out during the later part of class time in each of the years in the Nursing Program. No comments were made that might have biased the respondents' answers. The response rate was 46% for Freshmen, 50% for Sophmores, 30% for Juniors; and 54% for Seniors. The eight scales which comprise the questionnaire were subjected to the following analysis: univariate analysis, tests for independence (Chi-Square), two-way analysis of variance and multiple regression analysis.

The Results. The results show that death anxiety and attitudes toward the aged are significantly correlated .28($p<.01$).* (Table 1) This was as expected, for it had been hypothesized that a relationship between attitudes toward the older person and death anxiety would be linear. However, a rather low coefficient of determination (R^2) of 8% indicates that death anxiety accounts for only a small amount of the variance in attitudes toward the aged. This compares less favorably with other attitude studies (Salter et al., 1976). The age of the students is not correlated with death anxiety. Templer et al. (1971) found no correlation between death anxiety and age. The age of the students is possibly not a source of bias.

Students in the Freshman, Sophmore and Junior years tie their attitudes toward older people to their own fears of death. (Table 2) Salter et al. (1976) suggested that aging and death are linked together by the young. Death anxiety is significantly correlated .20($p<.01$) with the year of study in the Baccalaureate Program. In fact death anxiety

*All correlations are of the Pearson Product-Moment Type and are reported at the two-tailed level of probability.

increases from a mean of 5.4 and a standard deviation of 3.1 in the Freshman year, to a mean of 7.0 and a standard deviation of 2.6 in the Senior year. (Table 6) The difference in variance is significant.

The students' attitudes toward older people ("Agree" response on the Tuckman-Lorge Questionnaire) are far from being very negative. The total mean percentage of negative stereotypes held by the students is 25%. (Table 7) T he students' attitudes in this study are considerably less negative about older people than the findings reported in other studies (Gunter, 1971). Further, the respondents' age is not correlated with attitudes toward older people. Again this suggests that student age is not a possible source of bias.

Attitudes toward geriatric nursing and death anxiety are significantly correlated .21($p < .01$). The students' attitudes toward geriatric nursing are also far from being negative. The total mean percentage of negative responses is 23%. The Freshmen are more negative in their views of geriatric nursing (26%) than are the Seniors (23%).(Table 9) The difference was not significant.

One part of this survey asked the students what they found rewarding in nursing. Content analysis of the responses yielded the following major groups: satisfaction of helping people (54%), enjoy working with people as opposed to working with things (13%), solving problems by using my knowledge and skills (9%), being needed and appreciated (7%), few rewards - ambivalent feelings about nursing (5%), and other rewards (10%). Nursing rewards and death anxiety are not correlated.

DISCUSSION, SUMMARY AND LIMITATIONS

There are undoubtly numerous reasons for such results. One factor that has been overlooked and could possibly be drawn from these results, is that nurses develop patterns of coping with stress during the enculturation process of becoming a nurse. In that process, the student is confronted with incureable disease, role reversals and the threat and reality of suffering and death - situations which are anxiety laden. When anxieties exceed one's level of tolerance they become a threat and coping strategies become necessary (May, 1950). Two hypotheses for coping with anxieties are: an anxiety-denial hypothesis and an anxiety-reduction hypothesis.

Neither hypothesis would significantly predict a change in stereotypes toward the aged, yet at the same time both hypotheses can be related to the findings in this study. First, anxiety-denial. A person represses thoughts of death in an effect to avoid death anxiety. He will then repress thoughts of aging, too, for they are associated with and may trigger death anxiety, if unchecked. In this study death anxiety is correlated with institutions for the aged .20($p < .05$). Of nine health care settings, institutions for the aged is ranked sixth as a preferred place of work. (table 12) The aged as a patient group are ranked next to last. (Table 10) Of five nursing specialities, geriatric nursing is ranked third as a career choice. (Table 11) The attitudes' of the Freshmen, Sophmores, and Juniors toward the older person are similar, but are slightly more negative than the attitudes of the Seniors toward older persons. (Table 7) Combined with the evidence of avoidance behavior, the anxiety-denial hypothesis has some support.

Second, anxiety-reduction. If a person perceives something to be inevitable, like aging and death, aroused anxieties will not be repressed, but dealt with in a more realistic way by a constructive change in attitude and behavior (Festinger, 1957). Templer (1972), for example, found among smokers that high death anxiety was correlated with fewer cigarettes smoked each day. In the context of this study, the Senior class has high death anxiety, the highest of the 4 years, yet develops the most positive attitudes toward old people. The Senior class holds significantly fewer negative attitudes than either the Freshmen, Sophmores, or Juniors. The change in attitude toward older people came abruptly at the Senior year. This is perhaps moderate evidence in support of the anxiety-reduction hypothesis that death anxiety leads to improved attitudes toward the older person; perhaps in an attempt to reduce one's own fears of aging.

To summarize, it seems that the Freshman, Sophmore and Junior nursing students are coping with their fears of death by developing negative attitudes toward older people and by preferring to avoid working with the aged. On the other hand, it appears that the Seniors are coping with their fears of death by developing more positive attitudes toward the aged, yet like their younger cohorts prefer to avoid working with older persons. The avoidance behavior of student nurses toward older people reflects perhaps the general attitude of our society.

Conclusions and Limitations. It should be noted that this study has 2 limitations. First, it examined the attitudes of student nurses at only one University. To the extent, that these students may not be

representative of the total population of student nurses, the findings may not be necessarily generalizable.

Second, the survey collected attitudinal rather than behavioral data. It measured the existence of predjuiced attitudes and not actual discrimination. While attitudes may indicate a predisposition to respond to an idea or person in a particular way, other factors in addition to attitudes also effect behavior.

It's uncertain whether death anxiety is a positive or negative force on the development of attitudes by health professionals toward older persons. It is also unclear whether discrimination toward patients in the older age groups effects actual nursing care for such patients, in terms of the amount and quality of care received. In this study, death anxiety does not explain a large amount of the variance (R^2=.08) in attitudes and behaviors toward older persons. However it should be evident that death anxiety, should be taken into account in the eductional process of the nurse.

Brannon et al (1973) found a high correlation between attitude and action. If attitudes toward the aged can be improved, behavioral improvements are likely to follow.

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Table 1.
CORRELATIONS BETWEEN DEATH ANXIETY AND ATTITUDES AND BEHAVIOR

Item	Mean	Standard Deviation	Correlation with Anxiety
Background Variables			
Year in Course			.20 ($p<.01$)
Age	20.9	3.7	.16
M Status	1.2	.6	.02
Education	1.4	.9	.16
Parents alive	1.2	.6	.01
Old People	1.7	.8	-.03
The Major Scales - Total Scores			
Attitudes toward the Aged	5.5	2.6	.28 ($p<.01$)
Attitudes toward Ger. Nursing	4.8	2.1	.21 ($p<.01$)
Social Desirability	10.3	3.9	-.13
Nursing Rewards	3.1	2.5	-.06
Agreements with Stereotypes of the Aged			
Old people are afraid to die	5.5	2.6	.34 ($p<.01$)
Old people should not marry	1.2	.4	-.30 ($p<.01$)
They have a chace to do everything	2.1	1.0	-.29 ($p<.01$)
(1=strongly disagree, 2=moderately disagree, 3=slightly disagree, 4=slightly agree, 5=moderately agree, 6=strongly agree)			
Avoidance Behavior			
Age Range Preference	3.6	2.5	-.35 ($p<.01$)
Nursing Speciality Preferences			
Obstetrics and Pediatrics	2.0	1.2	.004
Medicine and Surgery	2.5	1.3	.10
Geriatrics	3.2	1.1	.13
Coronary Care	3.5	1.2	-.04
Psychiatry	3.6	1.4	-.14
Work Setting Preferences			
General Hospital	3.1	2.2	-.05
Childrens Hospital	3.3	2.5	.15
Public Health	3.9	2.3	-.09
Out Patients Clinic	4.3	2.2	-.11
Rehabilitation Hospital	5.1	2.2	.06
Inst. for the Aged	5.6	2.0	.20 ($p<.05$)
Inst. for Mentally Retarded	6.3	2.1	.12
Psychiatric Hospitals	6.4	2.5	-.09
Schools of Nursing	6.7	2.4	-.16

Table 2.
TWO-WAY CROSS TABULATION: DEATH ANXIETY/ATTITUDES TOWARD OLDER PEOPLE, BY YEAR IN THE BACCALAUREATE PROGRAM

Year	N	Df	Chi-Square	Signif
Freshmen	35	110	135.6	.04
Sophmores	42	120	151.8	.02
Juniors	18	48	63.7	.06
Seniors	47	90	94.5	.34

Table 3.
TWO-WAY CROSS TABULATION: DEATH ANXIETY/MARLOW-CROWNE SOCIAL DESIRABILITY, BY YEAR IN THE BACCALAUREATE PROGRAM

Year	N	Df	Chi-Square	Signif
Freshmen	35	140	133.19	.64
Sophmores	43	180	139.09	.30
Juniors	18	42	38.25	.63
Seniors	47	108	89.76	.89

Table 4.
TWO-WAY CROSS TABULATION: DEATH ANXIETY/ATTITUDES TOWARD GERIATRIC NURSING, BY YEAR IN THE BACCALAUREATE PROGRAM

Year	N	Df	Chi-Square	Signif
Freshmen	34	80	87.81	.25
Sophmores	42	96	97.51	.43
Juniors	17	30	30.76	.42
Seniors	47	63	62.54	.49

Table 5.
TWO-WAY CROSS TABULATION: ATTITUDES TOWARD GERIATRIC NURSING/ MARLOW-CROWNE SOCIAL DESIRABILITY, BY YEAR IN THE BACCALAUREATE PROGRAM

Year	N	Df	Chi-Square	Signif
Freshmen	36	112	141.26	.03
Sophmores	42	120	136.50	.14
Juniors	18	35	39 95	.25
Seniors	47	84	108.39	.03

Table 6.

MEANS AND STANDARD DEVIATIONS OF DEATH ANXIETY, BY YEAR IN THE BACCALAUREATE PROGRAM

Year	N	Minimum	Maximum	Mean	Mean %	Std Dev
Freshmen	35	1.000	13.000	5.40	36	3.10
Sophmores	43	1.000	15.000	6.88	46	3.35
Juniors	18	1.000	11.000	6.11	41	2.08
Seniors	47	1.000	12.000	7.00	47	2.65
All Years	143	1.000	15.000	6.46	43	2.98

Table 7.

MEANS AND STANDARD DEVIATIONS OF ATTITUDES TOWARD OLDER PEOPLE, BY YEAR IN THE BACCALAUREATE PROGRAM

Year	N	Minimum	Maximum	Mean	Mean %	Std Dev
Freshmen	37	1.000	12.000	5.94	27	2.65
Sophmores	44	1.000	16.000	5.72	26	2.71
Juniors	19	1.000	16.000	6.05	28	3.08
Seniors	49	1.000	11.000	4.75	22	2.28
All Years	149	1.000	16.000	5.50	25	2.64

Table 8.

MEANS AND STANDARD DEVIATIONS FROM THE MARLOWE-CROWNE SOCIAL DESIRABILITY SCALE (1960), BY YEAR IN THE BACCALAUREATE PROGRAM

Year	N	Minimum	Maximum	Mean	Mean %	Std Dev
Freshmen	37	3.000	20.000	11.59	55	4.19
Sophmores	43	1.000	18.000	10.67	51	4.22
Juniors	19	4.000	14.000	7.74	37	3.19
Seniors	47	4.000	17.000	10.02	48	3.31
All Years	146	1.000	20.000	10.32	49	3.96

Table 9.
MEANS AND STANDARD DEVIATIONS OF ATTITUDES TOWARD GERIATRIC NURSING, BY YEAR IN THE BACCALAUREATE PROGRAM

Year	N	Minimum	Maximum	Mean	Mean %	Std Dev
Freshmen	36	1.000	9.000	5.41	26	2.09
Sophmores	43	1.000	9.000	4.74	22	2.19
Juniors	18	1.000	7.000	4.11	20	1.77
Seniors	48	1.000	9.000	4.92	23	2.11
All years	145	1.000	9.000	4.88	23	2.11

Table 10.
PATIENT AGE RANGE PREFERENCE

Age Ranges	Preference in %	N=144
Newborn to 17 yrs.	48	
Adults (18 to 45 yrs.)	17	
Middle Age (46 to 65 yrs.)	2	
The Aged (66 yrs. and over)	5	
No Preference	28	

Table 11.
NURSING SPECIALITY PREFERENCE BY RANK ORDER

Nursing Specialities	Mean	Std Dev
Obstetrics and Pediatrics	2.0	1.2
Medicine and Surgery	2.5	1.3
Geriatrics	3.2	1.1
Coronary Care	3.5	1.2
Psychiatry	3.6	1.4

Table 12.

WORK SETTING PREFERENCE BY RANK ORDER

Work Settings	Mean	Std Dev	N=142
General Hospital	3.1	2.2	
Childrens Hospital	3.3	2.5	
Public Health	3.9	2.3	
Out Patients Clinic	4.3	2.2	
Rehabilitation Hospital	5.1	2.2	
Inst. for the Aged	5.6	2.0	
Inst. for Mentally Retarded	6.3	2.1	
Psychiatric Hospitals	6.4	2.5	
Schools of Nursing	6.7	2.4	